








Strategic Direction Summary Policy Priorities Survey

4. When the Board determines its policy priorities, it usually develops a set of broad focus areas and then identifies strategies, projects, or work products within those various focus areas. The Board is considering using focus areas based on the strategic directions in the 2004 Washington State Health Report.			
Please check up to three focus areas that you think should be the Board's top priorities for policy development in 2005-07.		Count	Ratio
Maintain and improve the public health system.		30	27.78%
Ensure fair access to critical health services.		18	16.67%
Improve health outcomes and increase value.		8	7.41%
Explore ways to reduce health disparities.		13	12.04%
Improve nutrition and increase physical activity.		15	13.89%
Reduce tobacco use.		9	8.33%
Safeguard environments that sustain human health.		15	13.89%
Average		3.48	N/A
Total selections		108	N/A
Total Responses		36	

Strategic Direction Comments Policy Priorities Survey

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1 Maintain and improve the public health system. 2 Ensure fair access to critical health services. 3 Improve health outcomes and increase value. 4 Explore ways to reduce health disparities. 5 Improve nutrition and increase physical activity. 6 Reduce tobacco use. 7 Safeguard environments that sustain human health.	
<ul style="list-style-type: none"> Improve health outcomes and increase value is a very broad focus area and includes several of the areas within the list. I would suggest that the board focus on outcomes that are primarily within the scope of public health and are targeted at the population rather than individuals. What does "improve health outcomes and increase value" mean? This just seems like a collection trendy terms. I would reword the fair access bullet. I don't think the SBOH has the ability or authority to ensure critical access. I think it can only work with others to help solve the problem. I would remove the word "maintain" from the first one and just state, "Improve the PH system." Drop "critical" from the 2nd area...too hard to define for all. I think "improve health outcomes and increase value" is unclear. Outcomes of what? value of what? 	

Medical procedures? Community health interventions? Pharmaceuticals? All of the above?
<ul style="list-style-type: none"> I did not choose to reduce tobacco use, because the tobacco control program is very successful at this time, so I chose other areas. I do feel that tobacco use is detrimental to health and continues to need to be addressed
<ul style="list-style-type: none"> The nutrition and physical activity focus area should focus on school age and younger children to prevent the development of poor habits that will cause life long health issues.
<ul style="list-style-type: none"> focus should be on school age kids
<ul style="list-style-type: none"> I would focus physical activity and nutrition in the school setting and use every opportunity possible to promote it.
<ul style="list-style-type: none"> I would focus the environmental safeguards towards children. Maintaining and improving the public health system is too generic to be a focus, it can be accomplished by address the specific items.

5. What other focus areas would you add?
<ul style="list-style-type: none"> Early intervention/education programs to address substance abuse. Need to begin by third grade, not wait until middle school. Increase mental health & dental services for children & adults who cannot afford to access & don't qualify for medical coupon benefits
<ul style="list-style-type: none"> The Board really needs to focus on workforce retention. We are losing many of the experienced local health people to better paying state agencies and the private sector. We, at the same time, are not doing a very good job on recruiting new blood into the profession. In the next five years many baby-boomers will retire and the public health system will be ill-prepared to handle it.
<ul style="list-style-type: none"> A pandemic flu plan is imperative. There is such a gap in leadership that policy direction is important. This is an important focus over the next few years.
<ul style="list-style-type: none"> I would focus on children's health, since that is a big focus the Governor has for the health of Washington.
<ul style="list-style-type: none"> Gathering input from the state as a whole
<ul style="list-style-type: none"> Explore connections between income distribution/inequity and health status.
<ul style="list-style-type: none"> Reducing drug use--meth in particular.
<ul style="list-style-type: none"> I would call out access to oral health services for children as a priority.
<ul style="list-style-type: none"> Stable and ongoing public health funding; local public health has essentially been reduced to "fee for service" which severely restricts/prohibits our ability to respond to non-fee public health issues.

6. Keeping in mind the focus areas and criteria just mentioned—including any you would add—please suggest up to three policy projects you think the Board should work on between now and July 2007. Please be as specific as possible about particular strategies, possible work products, potential partners, and how this would meet the criteria.

First Policy Project:

<ul style="list-style-type: none"> Health disparities: Access to education programs in health professions, partner with universities, community colleges, tribal agencies
<ul style="list-style-type: none"> Explore financing models for local public health that encourage the best performance possible including infrastructure improvements such as workforce, information technology and organizational structures. Although this has been attempted in the past, we have yet to come up with a viable model that stabilizes and strengthens local public health funding.
<ul style="list-style-type: none"> establish walk-in clinics in rural areas for clients without means to pay that could offer medical, dental, mental health and optometry services.
<ul style="list-style-type: none"> Work closely with Community Health and Safety Networks to aid in meaningful reduction of youth violence, including sexual assault and teen dating violence.
<ul style="list-style-type: none"> Sustainable tax-based funding for core public health and disease control services
<ul style="list-style-type: none"> Pandemic Flu long term preparedness for communicable disease disasters. (not WMD). High risk, high probability events that effect the entire population should be at the top of the list. Having a plan at the state level and within each jurisdiction is critical. Rules that require this preparedness would be very helpful. The usual suspects should be involved. Organized medicine, pharmacy, nursing, State and local

HDs, policy makers, etc A coordinated plan will be very difficult We would need to reach out to judges, legislators, emergency response, etc.
• Evaluation of man/women power issues...# of WA students admitted to professional schools, etc..
• Explore the connections between food advertising and consumption of healthy and unhealthy foods. Identify policy issues at various levels.
• Organize public forums to discuss what public health is and how it is working for all Washington residents all of the time.
• Push the elimination of smoking in all public places and restaurants.
• Sustainable public health funding
• Strengthen the family unit, teaching the parents the importance of family time, support for each other, etc. Enforce the importance of having hopes, goals, dreams for the future and strive to reach them.
• Obesity prevention should involve development of strong policies in conjunction with OSPI, local School Boards and parents groups to restrict access to unhealthy foods in schools to increase the mandated amount of physical activity/physical education.
• obesity prevention
• Obesity prevention. There should be a statewide policy that is comprehensive. This includes using existing opportunities such as the school rule revision to highlight the need for improved nutrition and physical activity and reference existing laws in that rule that can be regulated.
• Stable funding for public health
• Improve funding to ensure a robust public health workforce. At the local level, we are losing many qualified nurses and managers to the private sector. As benefits erode and salaries remain stagnant, we are left with fewer tools to compete with the private world. As a result, the level of experience of our workforce is eroding.
• Develop a stable and ongoing state revenue source for funding local public health.
• Focus on healthy children - access to services and healthy school environments.

7. Second Policy Project:
• Health disparities: Fewer hospitals, more primary care settings. Greater access to matched programs between health professionals and students and community clinics.
• Select one health status indicator for which the outcomes are poorer in minority populations and explore the underlying causes of such disparities and propose possible solutions. Partners would include such sectors as public health, health care, education, business, and faith based organizations.
• Reducing tobacco use and pushing for legislation to ban smoking in any public place.
• Work with schools and community anti-violence programs to ensure implementation of meaningful violence/bullying prevention programs per recent state legislation that requires such programming in schools.
• Working with Education, Human Services and Economic Development agencies to identify and fund long-term strategies for improving health and decreasing disparities in health outcomes (i.e., education and economic development for impoverished communities/subgroups).
• Effect of reimbursement on WA health care visa vie surrounding areas.
• Explore the distribution of healthcare specialists and generalists in the state and how that affects access to critical health services.
• Undertake efforts to increase awareness of the relationship between health and the built environment - how zoning and development decisions impact an individual and a community's health.
• Outreach to migrant farm worker populations
• Universal health coverage
• Work with school districts to work on increasing activity and decreasing empty calorie food consumption. Get rid of vending machines? Close campuses? Nutrition information home with students?
• Working on built environment issues in partnership with land use planners, County Commissioners , to work to enhance how built environments can contribute to improving a communities health status by making physical activity safer more accessible. Among these might be pedestrian friendly and bike friendly streets. Encouraging new development to be built as in-fill to existing development (restricting sprawl).

<ul style="list-style-type: none"> • Smart growth/built environment
<ul style="list-style-type: none"> • Promoting built environment/land use issues to promote walkability of communities statewide.
<ul style="list-style-type: none"> • Improve how funding streams into immunizations to keep up with this science based prevention intervention and open up access to new vaccine products like Pediarix and other combination vaccines. Maintain our status as a universal vaccine state. Allow more access to providers to make the choice for vaccine combinations that are available through VFC at CDC.
<ul style="list-style-type: none"> • Merging growth planning and design with public health. Assisting local public health agencies perform health impact assessments on local projects so that developers can know the true consequences of growth as they propose changes. With obesity our biggest problem after tobacco, growing in ways that promotes active lifestyles is a high priority
<ul style="list-style-type: none"> • Develop a process to evaluate the effectiveness of current state rules before implementing rule revision processes.

8. Third Policy Project:
<ul style="list-style-type: none"> • Explore policy strategies that encourage planners, developers, transportation experts, etc. to consider approaches to the built environment that encourages physical activity. Include a research agenda that engages the academic partners, public health, and business.
<ul style="list-style-type: none"> • Work with DOE to identify critical long-term environment concerns most likely to threaten human health; identify intervention/prevention measures; obtain funding
<ul style="list-style-type: none"> • Comparing WA with BC Canada in cost and access to a variety of care areas, public health, "primary" care, etc.
<ul style="list-style-type: none"> • Explore whether local governments (counties) are meeting their responsibilities for funding of public health and tuberculosis control.
<ul style="list-style-type: none"> • Become a vehicle for discussing the role of prevention together with access to illness care and how to ensure a balance between the two both in terms of health and cost.
<ul style="list-style-type: none"> • Further work on competencies of public health workers.
<ul style="list-style-type: none"> • Consider dropping state supplied vaccine
<ul style="list-style-type: none"> • Air quality and public health both indoor and outdoor
<ul style="list-style-type: none"> • This is not necessarily a policy; however, the SBOH should be working on marketing Public Health. Most citizens do not realize what Public Health is all about or the benefits. As we continuously struggle for resources, having broader community support would assist in potential stability of funding in the future.
<ul style="list-style-type: none"> • Promote an initiative to improve and increase the number of trails, parks, and park programs promoting physical activity throughout the State, for youth and adults. As the State population grows we need to keep up with quality of life issues for health.
<ul style="list-style-type: none"> • Safety Net: Pay now or pay later. Access to health care is everyone's concern with rising premiums and an emphasis upon sexy technology over bread and butter primary care. Let's find a way to say no to more and yes to what's essential.